



Readmissions, Reports and Community Coalitions

IDPH Flex Regional Meeting

July 2014

Today's discussion...

- Proposed rules for 2015 and how they may affect CAHs
- Using QIO readmission reports to identify opportunities for care transitions
- Current state of community coalitions
- Avoidable vs unavoidable readmissions

Proposed Inpatient Rules for 2015 (PPS)

- Readmissions
 - Planned readmissions carve out for certain conditions
 - Defined as a ‘non-acute readmission for a scheduled procedure’
 - Does not include acute illness or complications
 - Payment reduction increases to 3%

Proposed Inpatient Rules for 2015 (PPS)

- Healthcare Acquired Infections
 - CLABSI
 - CAUTI
 - In 2015 will add SSI as a measure
 - #1 post op surgical infection...
 - In 2016 will add C.Diff and MRSA as a measure
 - New payment reduction of 1%

What We Know: Proposed Inpatient Rules for 2015

- EHR
 - More alignment and reporting
- ICD-9 and 10
 - Description around use
 - Planned implementation date: October 1, 2015
- LTCH and Cancer Exempt Facilities
 - New 2% payment adjustment for non-reporting

PPS Value Based Purchasing 2015

FY 2015 Domain Weighting



FY 2016 Domain Weighting



Payment Adjustment for 2013-14

Hospital	VPB Penalty/Bonus	Readmissions Penalty	Total Penalty/Bonus for 2013-14
Grinnell	0.21%	-0.07%	-0.14%
Mary Greeley - Ames	0.7%	-0.1%	0.6%
Marshalltown	0.22%	0%	0.22%
St Anthony - Carroll	-0.52	0%	-0.52%

The Wild Card!

- Penalties/bonus for critical access hospitals
- Nursing homes
- Home health agencies
- Long term effects of ACO
- Presidential election

What Does This Mean for Us?



Activity

- You'll be given information about a patient and his most recent discharge summary.
- You have to answer two questions
 - Is this an avoidable readmission?
 - Come up with three possible solutions

Here's the story...

- Russell is a 72 year-old man who presents with dyspnea and dehydration
- He was discharged from the hospital four days ago

Here's your options

- You have the option of asking for more information in each of these categories:
 - Living situation
 - Support
 - Social history
 - Primary Care Physician
 - Services
 - Go talk to the Patient

Unavoidable readmission?

- What do you think? Is Russell an unavoidable readmission?
- Who else can you engage to help?
- Would a visit with his PCP helped him avoid the ER?
- Look beyond clinical information for reasons people return to the hospital.

What Does This Mean for Us?



Why do we need a community coalition?

- Where do we spend our time?
- Hospitals can't fix any of this alone

What's the Solution?



What does this look like?

- Things successful community coalitions do well:
 - Use data – readmission reports, Casper reports (nursing home), other QI measures collected
 - Meet regularly
 - Action – every meeting generates action items for the group
 - Use of QI tools
 - Include others
 - Frontline staff
 - Pharmacy – either hospital or community
 - Public Health

Call to action

- Think about the ‘Russells’ in your community
- What can you do this week to change the outcome for them? For your hospital? For your team?

- Kate LaFollette
 - kate.lafollette@hcqis.org
 - 515-440-8210